

## SINGLE STATE REGISTRATION NAME CHANGE

1300 South Evergreen Park Drive SW  
 PO Box 47250  
 Olympia, WA 98504-7250

**PHONE** 360-664-1222  
**FAX** 360-586-1181  
**TTY** 360 586-8203 **TTY TOLL FREE** 1-800-416-5289  
[www.wutc.wa.gov](http://www.wutc.wa.gov)

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133.

### INSTRUCTIONS:

1. **Complete the application. Carrier name must be identical to the name on the Reintitlement/Name Change certificate issued by the FMCSA.**
2. **Include copy of Reintitlement Certificate issued by the FMCSA.**
3. **Include a copy of BMC 91 or BMC 91X insurance filing in the new name.**
4. **No payment required if a carrier is strictly changing their name, with no change in ownership or business structure.**

**NOTE:** Copies of the original receipt must be carried in each vehicle for which fees have been paid. The original receipt must be kept by the motor carrier at its principal place of business for a period of three (3) years.

#### *For Commission Use Only*

Old Motcar: \_\_\_\_\_

Car Reg: \_\_\_\_\_ New Motcar: \_\_\_\_\_

Reception #'s \_\_\_\_\_

<b>FMCSA/MC No.:</b>	<b>US DOT No.:</b>
<b>Old Name:</b> _____ <b>d/b/a:</b> _____ <b>New Name:</b> _____ <b>d/b/a:</b> _____	<u>Principal Place of Business Address</u> <b>Street:</b> _____ <b>City:</b> _____ <b>State/Zip:</b> _____
<b>Telephone #:</b> _____ <b>Fax #:</b> _____ <b>E-mail:</b> _____	<u>Mailing Address (If different from Business Address)</u> <b>Street/PO Box:</b> _____ <b>City:</b> _____ <b>State/Zip:</b> _____
<p><b>CERTIFICATION:</b> I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct and that I am authorized to execute on behalf of the applicant.</p> <p>Name (Printed) _____ Title _____</p> <p>Signature _____ Date _____</p>	

**TYPE OF MOTOR CARRIER:**

☐ Individual    ☐ Partnership    ☐ Corporation    If Corporation, state in which incorporated \_\_\_\_\_

List names and titles of partners or officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**TYPE OF MOTOR CARRIER OPERATION:** (Check only one)

- ☐ TRANSPORTER OF **PROPERTY** - Using freight vehicles with a gross vehicle weight rating of 10,000 pounds or more.
- ☐ TRANSPORTER OF **PROPERTY** - Using **only** freight vehicles with a gross vehicle weight rating of less than 10,000 pounds.
- ☐ TRANSPORTER OF **PASSENGERS** - Using vehicles with a seating capacity of 16 passengers or more.
- ☐ TRANSPORTER OF **PASSENGERS** - Using **only** vehicles with a seating capacity of 15 passengers or less.

**FMCSA CERTIFICATE(S) OR PERMIT(S):**

- ☐ FMCSA Authority Order(s) attached for first year registration.
- ☐ FMCSA Authority Order(s) attached for additional authority received.

**PROOF OF PUBLIC LIABILITY SECURITY:** (Check only one)

- ☐ The applicant or its insurance company **will file** a copy of its proof of public liability security to the registration state.
- ☐ The applicant or its insurance company **has filed** a copy of its proof of public liability security with the registration state and the insurance coverage as stated on that form remains in effect.
- ☐ The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the FMSCA order. Copy of the FMCSA insurance order is attached or has previously been filed with the registration state.

**HAZARDOUS MATERIALS:**

- ☐ The applicant **will NOT haul** hazardous materials in any quantity.
- ☐ The applicant **will haul** hazardous material requiring **\$1 million** in Public Liability and Property Damage Insurance in accordance with Title 49 CFR §1043.2.
- ☐ The applicant **will haul** hazardous materials requiring **\$5 million** in Public Liability and Property Damage Insurance in accordance with Title 49 CFR §1043.2.

Signature \_\_\_\_\_ Title \_\_\_\_\_